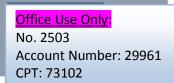
## Plants 'R Us & Associates

Drs. Dewey, Chetum, and Howe 48000 Phloem Drive Suite A Myrtle Beach, SC 29577



Patients please fill in the following information in the table below.

Last Name:	First Name:	Middle Initial:	Nick Name:			🖵 Mr. 🗖 Mrs.
Spleenwort	Ebony	W.	Ebbie			🚺 Miss 🗖 Ms.
Birthday:	Age: 3 yrs.	Sex:	Insurance Provide	er:		
6/19/2011	- 0	🗆 М 🖾 F	Allstate			
P.O. Box:	Street Address:		City:		State:	Zip Code:
	2519 North Halsted Street		Chicago		IL	60035
Employer:	Occupation:	Home Phone: (a	1e Phone: (312)112-2233 Em			
Cící's Pízza	cashíer	Cell Phone: (312) 234-4433		Coolfern33@gmailcom		
Employer Phone: (312) 442-1234 Referred By				Today's Date: 8/11/14		

## Patient's Chief Complaint:

Patient has been complaining of extreme hunger, thirst, and shortness of breath, and lack of energy.

## Patient's History:

Patient stated that she and her best friend had been planning a spring break vacation to Myrtle Beach, South Carolina. Her home is located in Chicago, Illinois. The patient stated that, in preparation for her vacation, she and her best friend went on a diet for a period of two weeks. The patient then noticed that she began to feel extremely lethargic (tired) to the point of being barely able to function in any meaningful capacity. The patient indicated that, even though she stopped dieting, she has been unable to recuperate.

## Referrals/Tests/Treatments:

Physical examination shows that the patient is missing 50% of body mass. The diagram below shows a normal plant compared to the patient. Further investigation revealed that the patient is severely

Normal Abnormal everely

dehydrated and nutrient deficient even though the patient's stem and roots appear to be capable of functioning. Flowers were not visible on the patient, but spores were present on the patient at the time of examination.